(Requestor's Name)	_
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PICK-UP WAIT MAIL	
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Certified Copies Certificates of Status	_
Special Instructions to Filing Officer:	

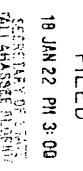




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## **COVER LETTER**

Division of Corporations
NAME OF CORPORATION: ADVANSIV INC.  DOCUMENT NUMBER: P100000   8332
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
JONATHAN KNIGIN  Name of Contact Person  APVAN SIV  Firm/ Company  3212 NW 6412 ST
BOCA FATON FL 33496  Gity/ State and Zip Code  ON KO advansiv. com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
JONATHAN KNIGEN =1561, 826 8816
Name of Contact Person Area Code & Daytime Telephone Number  Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status  Certificate of Status  Certificate of Status  Certified Copy (Additional copy is enclosed)  Certified Copy (Additional Copy is enclosed)

# Mailing Address

TO: Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

### Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

### **Articles of Amendment**

to

#### Articles of Incorporation

Articles of Inco	rporation		
ANVANS	TV TN		
(Name of Corporation as currently	filed with the Florida Dept. of State)	·	
	A L CO O O		
<u> </u>	018332		
(Document Number of C	Corporation (if known)		
Pursuant to the provisions of section 607,1006, Florida Statutes, this $F$ its Articles of Incorporation:	lorida Profit Corporation adopts the foll	owing amendmen	nt(s) to
A. If amending name, enter the new name of the corporation:			
ADVANSIV GOURMET GRO	UP, INC.	The new	
name must be distinguishable and contain the word "corporation,	," "company," or "incorporated" or t	he abbreviation	
"Corp.," "Inc.," or $Co.$ ," or the designation "Corp," "Inc," or "C word "chartered," "professional association," or the abbreviation "P		nust contain the	
word chartered, professional association, or the application in	. <b>n</b> .		
B. Enter new principal office address, if applicable:			
(Principal office address <u>MUST BE A STREET ADDRESS</u> )			
C. Enter new mailing address, if applicable:		建图 🏖 -	71
(Mailing address MAY BE A POST OFFICE BOX)		<del>3 2</del> 2	
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		(F) (F)	O
		<u>γ</u> ω	
D. If amending the registered agent and/or registered office addre	ess in Florida, enter the name of the	<b>第8</b>	
new registered agent and/or the new registered office address:			
Name of New Registered Agent			
	at addmiss)	<del></del>	
ti tortaa mee	A ditaressy		
New Registered Office Address:	Florida, Florida	etti etti t	
K	City)	(Zip Code)	
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent. I am familiar wi	ith and accept the obligations of the posit	tion.	
Signature of New Re	gistered Agent, if changing		

# If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	PT	John Do	×		
X Remove	<u>v</u>	Mike Jor	nes		
X Add	<u>sv</u>	Sally Sm	<u>iith</u>		
Type of Action (Check One)	<u>Title</u>		<u>Name</u>		Address
l) Change					
Add					
Remove					
2) Change					
Add					
Remove					
3) Change					
Add					
Remove					
4) Change		_		_	
Add					
Remove					
5) Change	<u></u>				***
Add					
Remove					
6) Change				_	
Add					
Remove					

ach additional sheets, if necessary).	(Be specific)		
·			
<u></u>			
			-
in amendment provides for an exch	ange, reclassification, or c	uncellation of issued sha	res,
	ndment if not contained in	the amendment itself:	
ovisions for implementing the ame			
ovisions for implementing the ame (if not applicable, indicate N/A)			
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ovisions for implementing the ame (if not applicable, indicate N/A)			

The date of each amendment(s) adoption:	January	2018	, if other than the
date this document was signed.		<del>-)</del>	, , , , , , , , , , , , , , , , , , , ,
Effective date if applicable:			
(	no more than 90 days after a	mendment file date)	
No. 18 d. La Cara et l'adit black de cara			so millions had the think to take
Note: If the date inserted in this block does not document's effective date on the Department of St		y titing requirements, this da	te will not be listed as the
Adoption of Amendment(s) (CHE)	CK ONE)		
The amendment(s) was/were adopted by the shareholders was/were sufficient for app	areholders. The number of voroval.	otes cast for the amendment(s	i)
The amendment(s) was/were approved by the s must be separately provided for each voting gr			rnt
"The number of votes cast for the amenda	nent(s) was/were sufficient fo	or approval	
by		<u>.</u>	
(voling	g group)		
The amendment(s) was/were adopted by the boaction was not required.	ard of directors without share	cholder action and shareholde	भ
The amendment(s) was/were adopted by the incaction was not required.	corporators without sharehold	der action and shareholder	
Dated/_/5 /.	2018	/	
Signature	4		
	envor other officer - if direct	ors or otheers have not been eceiver, trustee, or other cour	,
appointed Iduciary b		eceiver, trustee, or other cour	t .
	- ,,		
Jo	NATHAN KN	IGIN	
(Ty	ped or printed name of person	on signing)	
	PRESIDENT	_	
r	(Title of person sign	ning)	